

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: September 23, 2014

Agency Name: Washoe County Department of Social Services

Agency Address: P.O. Box 11130

Date of written notification to the Division of Child and Family Services and Legislative

Auditor: February 24, 2014

Internal reference UNITY ID or Report Number: Case #1367460, Report # 1614202

Type of Report: ☐ 48 Hour Notice ☐ 15 Day Update ☐ 30 Day Update ☒ Final

☒ Child Fatality **Date of Death:** February 20, 2014

☐ Near Fatality **Date of Near Fatality:**

☐ Portions of information on this form have been withheld at the request of
law enforcement.

(Name of agency)

Information for Release:

A. Date of the notification to the child welfare agency of the death of a child:

February 20, 2014

B. Location of child at the time of death or near fatality (city/county):

Washoe County, Nevada

C. A summary of the report of abuse or neglect and a factual description of the contents of the report:

WCDSS was notified that a 19 month old child was pronounced dead upon arrival at the region's local hospital. The child had multiple medical complications and the cause of this fatality is unknown.

D. The date of birth and gender of child:

June 25, 2012- male child

E. The date that the child suffered the fatality or near fatality:

February 20, 2014

F. The cause of the fatality or near fatality, if such information has been determined:

Autopsy reports that the death of this child is due to cerebral palsy with other significant conditions: seizure disorder, short bowel syndrome. The manner of death is natural.

- G. Whether the agency had any contact with the child or a member of the child's family or household before the fatality or near fatality and, if so:** (1) The frequency of any contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality;
- (2) Whether the agency which provides child welfare services provided any child welfare services to the child or to a member of the child's family or household before or at the time of the fatality or near fatality;
- (3) Whether the agency which provides child welfare services made any referrals for child welfare services for the child or for a member of the child's family or household before or at the time of the fatality or near fatality;
- (4) Whether the agency which provides child welfare services took any other actions concerning the welfare of the child before or at the time of the fatality or near fatality; and
- (5) A summary of the status of the child's case at the time of the fatality or near fatality, including, without limitation, whether the child's case was closed by the agency which provides child welfare services before the fatality or near fatality and, if so, the reasons that the case was closed.

History involving child and current guardian caretakers:

There are no prior investigations for this child, in this family; however there are several information only reports that did not rise to the level of investigation.

2/14/13: Request from family for a guardianship evaluation to formalize guardianship arrangement.

History involving biological mother and child:

11/1/2012- Investigation assigned for possible medical neglect. The child that is the subject of this report was hospitalized for a lengthy period of time. The mother would come in and sign consents for the baby's surgery and then leave. Neither she nor the father were visiting or showing any interest in the baby. The maternal grandmother was interested in obtaining a guardianship of the baby. Unsubstantiated. The family signed over guardianship to the child's paternal uncle.

- H. Whether the agency which provides child welfare services, in response to the fatality or near fatality:** (1) Has provided or intends to provide child welfare services to the child or to a member of the child's family or household; and (2) Has made or intends to make a referral for child welfare services for the child or for a member of the child's family or household; and (3) Has taken or intends to take any other action concerning the welfare and safety of the child or any member of the child's family or household.

This investigation is being closed as unsubstantiated. The family was offered grief and loss service referrals. No other service needs were identified.

NON-DISCLOSURE NOTICE

The following information must not be released (see Policy on Public Disclosure of Child Fatality and Near Fatality Information, page 4): 1) Information regarding the sibling(s) of a deceased child; 2) the name of the reporting party or individual making an allegation or referral will not be released; 3) if the disclosure of the information would adversely affect any pending investigation concerning a report (NRS 432B.290(3)); 4) if the disclosure violates other federal or state law, including, but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational and Privacy Act of 1974 (FERPA), alcohol and drug abuse patient records (42 USC §290dd-2 and 42 CFR §212 (c)(6)), and any other applicable law.

